



October 11, 2019

Web Announcement 1997

Inpatient and Outpatient Behavioral Health Prior Authorization Forms Updated

Attention provider types **11 (Inpatient, Hospital)**, **13 (Psychiatric Hospital, Inpatient)**, **14 (Behavioral Health Outpatient Treatment)**, **63 (Residential Treatment Center)** and **75 (Critical Access Hospital, Inpatient)**:

The following inpatient and outpatient behavioral health prior authorization (PA) forms have been updated.

Form Number	Form Name
FA-11B	Mental Health Request for Partial Hospitalization Program and Intensive Outpatient Program Services
FA-12	Inpatient Mental Health
FA-13	Residential Treatment Center Concurrent Review
FA-14	Inpatient Mental Health Concurrent Review
FA-15	Residential Treatment Center

Please meet the following criteria for submitting PAs to ensure the process is completed accurately and timely:

1. All services that require PA must be requested on the most current version of the PA form. Current forms are available on the [Provider Forms](#) webpage.
2. Providers are requested to discontinue use of previous versions of the forms immediately.
3. Effective on and after **November 1, 2019**, any requests using previous versions of the forms will be denied.